



Date: \_\_\_\_\_

ADULT SERVICE INQUIRY FORM

By returning this completed form, you consent to this information becoming part of your electronic medical record at Michigan Medicine.

Legal first name: \_\_\_\_\_ Legal last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current legal sex: F M

Michigan Medicine Medical Record Number: \_\_\_\_\_ If you do not know your medical record number, you may leave this field blank. CGSP staff will be able to find your medical record using the other information that you provide on this form.

PLEASE READ THIS SECTION

If you provide your preferred name, gender identity, and pronouns on this form, we will add this information to your electronic medical record. This information will be available to all health care providers and staff using the Michigan Medicine electronic medical record system. It is your choice whether or not you provide the information in this box, below. If you provide the information:

- Providers, staff, and automated systems (including automated appointment reminders) should use your preferred name when communicating with you.
• Office visit notes from Michigan Medicine providers should include your preferred name and pronouns.
• Clinic staff may use your preferred name when they call you from a waiting room.
• Your gender identity will appear in addition to your legal sex at various places in your chart.
• If you receive care from a non-Michigan Medicine hospital or emergency room that can access Michigan Medicine's electronic medical record, that other health care system may see your preferred name, pronouns, and gender identity.
• If a Michigan Medicine provider refers you to a non-Michigan Medicine facility, your preferred name and gender identity may appear along with your legal name and sex.

You may leave any part of this section blank.

Preferred first name: \_\_\_\_\_ Preferred last name: \_\_\_\_\_

Gender: Trans woman Trans man Genderqueer Nonbinary
Woman Man Two spirit Other: \_\_\_\_\_

Pronouns: She/her He/his They/them
Use my name Other: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Marital status: Single Married Partnered Divorced Widowed Separated

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ OK to leave message? Yes No
Type: Home Mobile Work Other \_\_\_\_\_

Alternate phone number: \_\_\_\_\_ OK to leave message? Yes No
Type: Home Mobile Work Other \_\_\_\_\_

Best days/times to call: \_\_\_\_\_

Email address: \_\_\_\_\_

## Services Desired

(Check all that apply.)

Counseling / Therapy	Hair Removal	Fertility Preservation
Trans Adult Support Group	Voice Therapy	Vaginoplasty
Parent Support Group	Facial Feminization Surgery	Metoidioplasty
Partner Support Group	Hysterectomy	Phalloplasty
Primary Care Doctor	Oophorectomy	Breast Augmentation
Hormones - New	Orchiectomy	Mastectomy & Chest Reconstruction
Hormones - Transfer	Surgery Revision -- Surgery to Revise: _____	
Other services: _____		

## History

Sex assigned at birth:      F              M              Intersex

Medical/surgical treatments you have had:

(Check all that apply.)

No medical or surgical treatments	Cross sex hormone therapy, currently using Estimated start date: _____
Tracheal shave (aka: reduction thyroid chondroplasty)	Cross sex hormone therapy, past user Estimated end date: _____
Laryngeal feminization surgery	Mastectomy (aka: total reduction mammoplasty)
Voice surgery	Hysterectomy
Scalp advancement	Oophorectomy
Forehead reconstruction	Vaginectomy
Soft tissue filler injections	Phalloplasty
Breast augmentation	Metoidioplasty
Orchiectomy	Urethroplasty
Penectomy	Scrotoplasty
Vaginoplasty, penile inversion	Salpingectomy
Vaginoplasty, colon graft	
Other unlisted surgical procedure	

Other procedures: \_\_\_\_\_

Are you currently working with a counselor/therapist?      Yes      No

If yes, therapist's name: \_\_\_\_\_ Therapist's phone number: \_\_\_\_\_

## Insurance

Insurance Provider/Plan Name: \_\_\_\_\_

Is this a Medicaid plan?      Yes      No

If yes, is it a Medicaid plan from Michigan?      Yes, Michigan      No, Another State

Do you get your insurance through the University of Michigan?      Yes      No

**More detailed information about your insurance plan will be needed later in this process.  
If your insurance plan changes, please let us know as soon as possible.**

CGSP frequently receives requests from researchers around the country who are looking for participants for their research on transgender healthcare. This research aims to gather information to improve the quality and accessibility of care for transgender and gender diverse individuals.

If you are interested in receiving monthly emails regarding opportunities to participate in research, please check this box:

Receiving the email updates in no way requires you to participate in the research opportunities and you will be able to opt out of receiving these emails at any time by contacting the CGSP office (phone: 734-998-2150, email: [genderservices@med.umich.edu](mailto:genderservices@med.umich.edu)).

If there is any further information you would like to include, please use the space below.

**Return completed forms to CGSP in one of the following ways.**

Fax: 734-998-2152  
Mail: Michigan Medicine - CGSP  
2025 Traverwood Drive, Suite A1  
Ann Arbor, MI 48105  
Email: [genderservices@med.umich.edu](mailto:genderservices@med.umich.edu)

**If you have any questions or concerns, please contact CGSP directly.**

Phone: 734-998-2150  
Email: [genderservices@med.umich.edu](mailto:genderservices@med.umich.edu)